Enrolling as an individual billing provider

ProviderOne User Guide

Updated March 2025

Disclaimer: *Every effort was made to ensure this manual's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and department rule, the department rule controls.*

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Enrolling as an individual billing provider

There are two types of individual providers, billing and servicing only. An individual *billing* provider works for themselves and submits their own bills. An individual *servicing* provider works for a group or organization who bills on their behalf. The organization billing on behalf of the servicing provider will also submit their enrollment application then update their account as needed. For more information about Servicing Only Provider Enrollments see to the **Enrolling an individual servicing only provider guide**.

PROVIDER ENROLLMENT LINKS

To start a new provider enrollment application use this link:
www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp

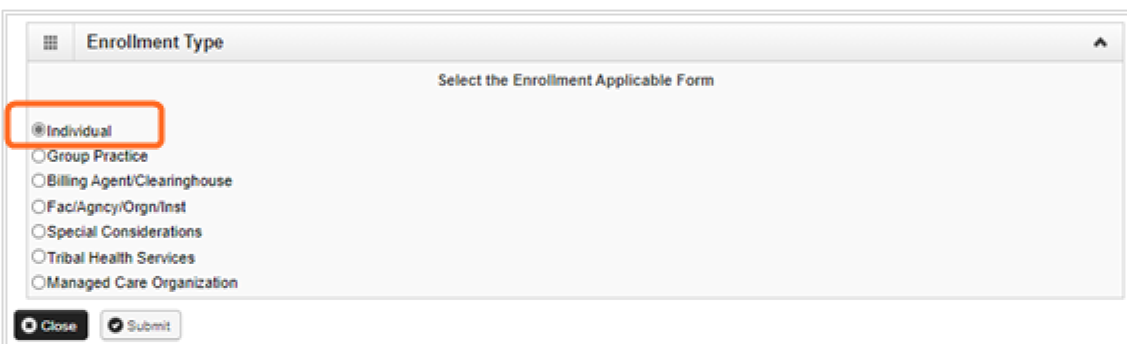
To resume an incomplete enrollment application use this link:

www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp

You will need your application ID and the Tax ID (SSN or FEIN) to resume the application. .

SELECTING THE ENROLLMENT TYPE

- Select **Individual**
- Click **Submit**

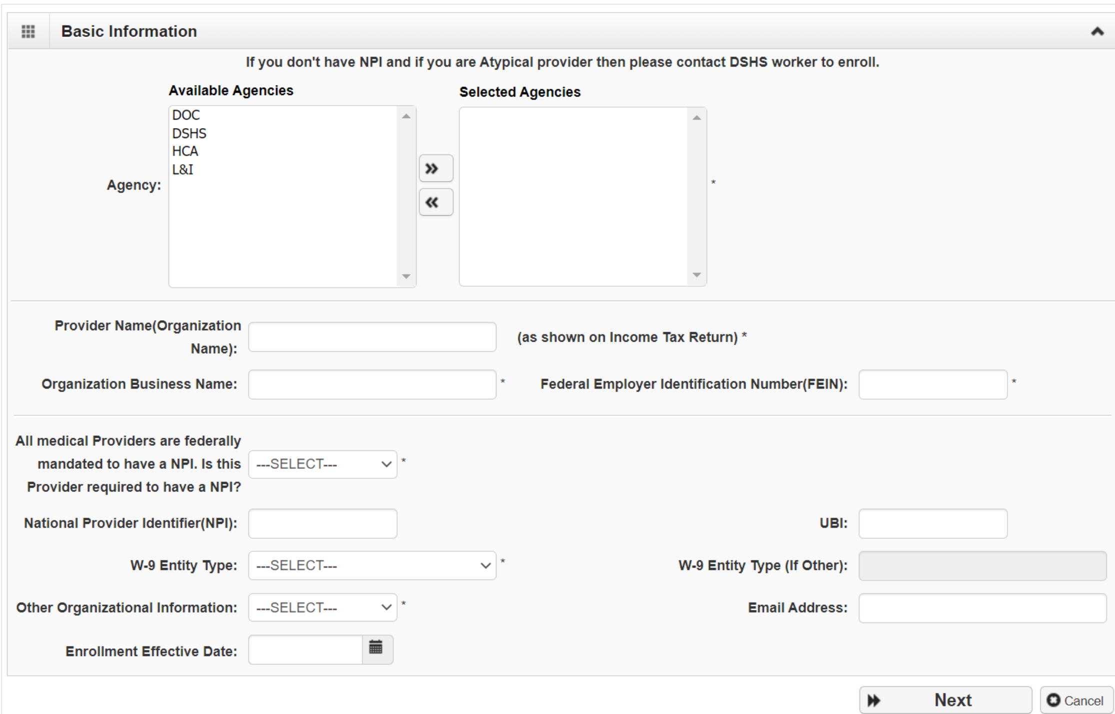


Note: Fields marked with an asterisk are required.

Step 1: Basic information

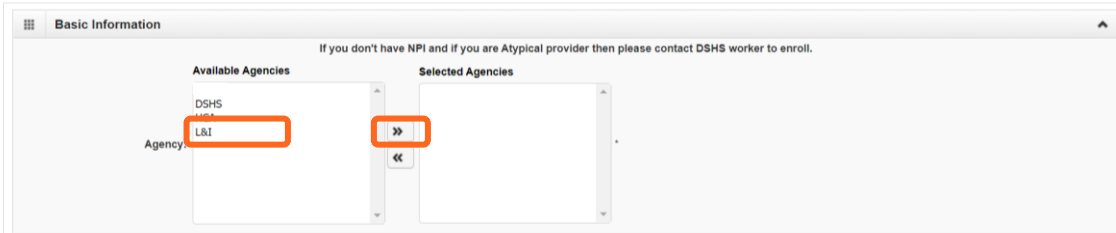
BASIC INFORMATION

ProviderOne displays the **Step 1: Basic Information** page.



- In the **Agency** box, click **L&I**, then click the double right arrows.

Note: The note at the top of the screen doesn't apply to L&I.

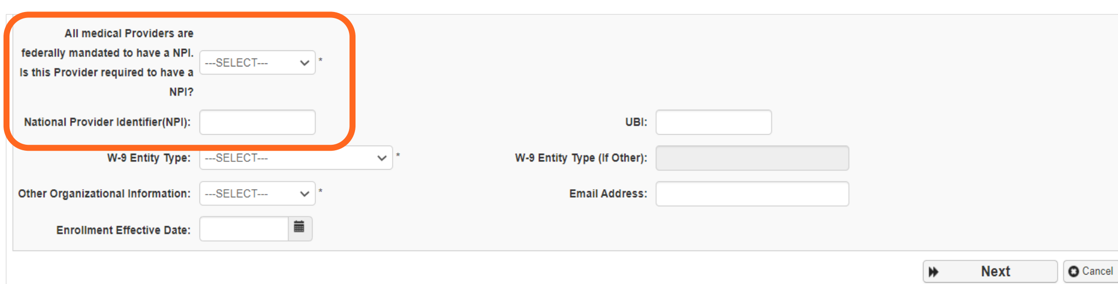


- If you select **Federal Employer Identification Number (FEIN):**
  - In the **Provider Name** (Organization Name) field, enter the **legal name registered** with the Internal Revenue Service (IRS) for your FEIN.
  - In the **Organization Business Name** field, enter the "doing business as" (DBA) name.

- If you select **Social Security Number (SSN):**
  - In the Provider Name you must enter your name as it appears on your professional license.
    - *Hyphens are not allowed* when entering your name.
  - For **Servicing Type** drop-down menu:

    Choose **Regular Provider** if you're the billing provider.
- For the remaining fields:
  - Use the dropdown to indicate if you're federally mandated to have an NPI number.
    - If **Yes**, enter NPI.
    - If No, a generic NPI will automatically generate.

Note: If you're unsure, go to **L&I's website** to learn more.



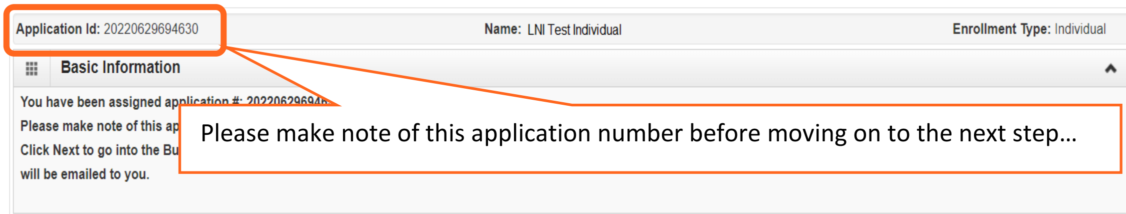
Don't enter a UBI or enrollment effective date. L&I does not utilize the information in those fields.

- Enter **Email Address**. This email is who L&I will contact for any issues with credentialing.

- Click **Next** to see your Application ID.

APPLICATION ID

The Application ID will be sent to the email address you provided.



Keep your Application ID available. You'll need the ID to:

- Continue your application (if you exit before submitting).
- **Resume or check** your application status, **You will need your application ID and SSN/FEIN submitted on your application.**
- Update or add additional information, if requested.

BUSINESS PROCESS WIZARD (BPW)

The Business Process Wizard or BPW, will guide you through the necessary steps to finish your application.

Enroll Provider - Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/30/2022	09/30/2022	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Provider Additional Information	Required			Incomplete	
Step 4: Add Specializations	Required			Incomplete	
Step 5: Ownership & Managing/Controlling Interest details	Required			Incomplete	
Step 6: Add Licenses and Certifications	Optional			Incomplete	
Step 7: Add Training and Education	Optional			Incomplete	
Step 8: Add Identifiers	Optional			Incomplete	
Step 9: Add Contract Details	Optional			Incomplete	
Step 10: Add Federal Tax Details	Required			Incomplete	
Step 11: Add EDI Submission Method	Optional			Incomplete	
Step 12: Add EDI Billing Software Details	Optional			Incomplete	
Step 13: Add EDI Submitter Details	Optional			Incomplete	
Step 14: Add EDI Contact Information	Optional			Incomplete	
Step 15: Add Billing Provider Details	Optional			Incomplete	
Step 16: Add Servicing Provider Information	Optional			Incomplete	
Step 17: Add Payment and Remittance Details	Required			Incomplete	
Step 18: Complete Enrollment Checklist	Required			Incomplete	
Step 19: Final Enrollment Instructions	Required			Incomplete	

All steps marked **Required** must have a **Complete** status before you can submit the application.

Required	Start Date	End Date	Status
Required	06/29/2022	06/29/2022	Complete
Required			Incomplete

Step 2: Add locations

ADD PROVIDER LOCATION FORM

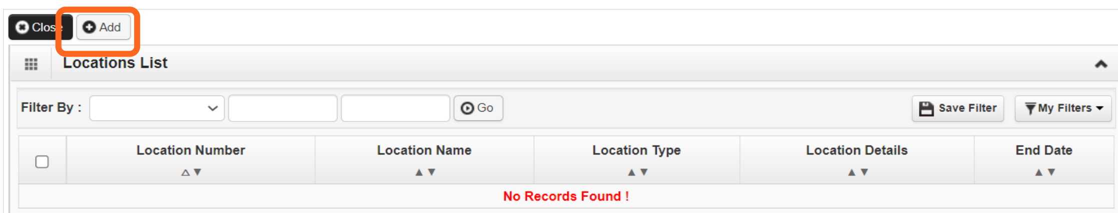
The first location you add will be your NPI Base Location where you bill for services:

- **Location** (physical address of primary location)
- **Mailing** (the place where you receive mail)
- **Pay-To** (the place where a paper check and remittance advice is sent)

If you have more than one location, repeat the steps below. Each location will receive its own L&I provider number for billing and may appear in L&I's Find a Doctor (FAD) provider directory.

ADD LOCATIONS

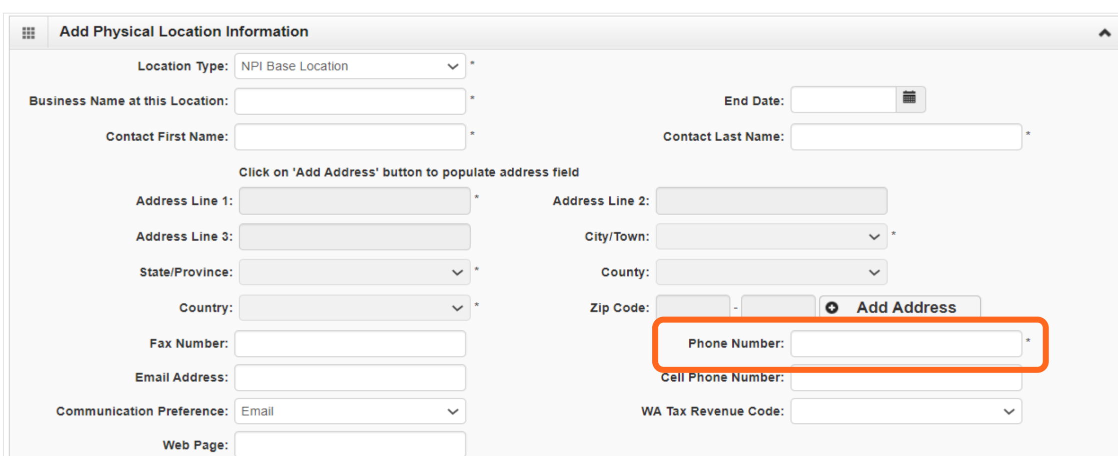
- Click **Add**.



ADD PHYSICAL LOCATION INFORMATION

- Enter the required fields.
- **Don't enter** a date in the End Date field for any of these addresses. The end date will auto-populate to 12/31/2999.

Important! Include the phone number you want patients to call for each location.

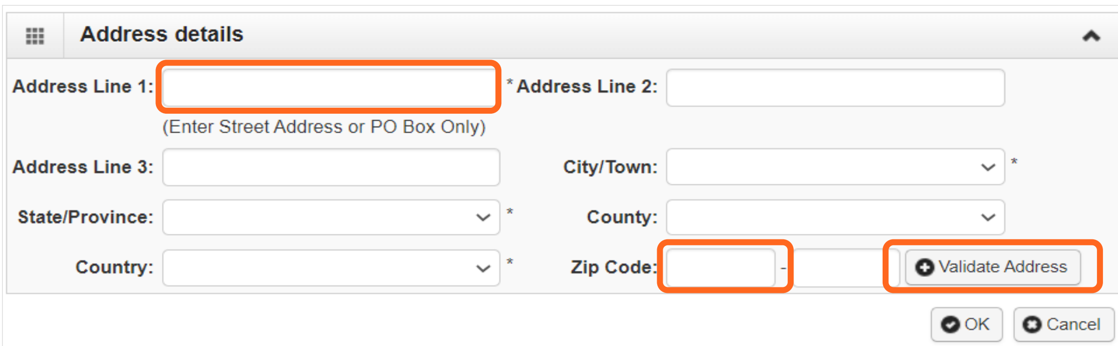


ADD ADDRESS INFORMATION

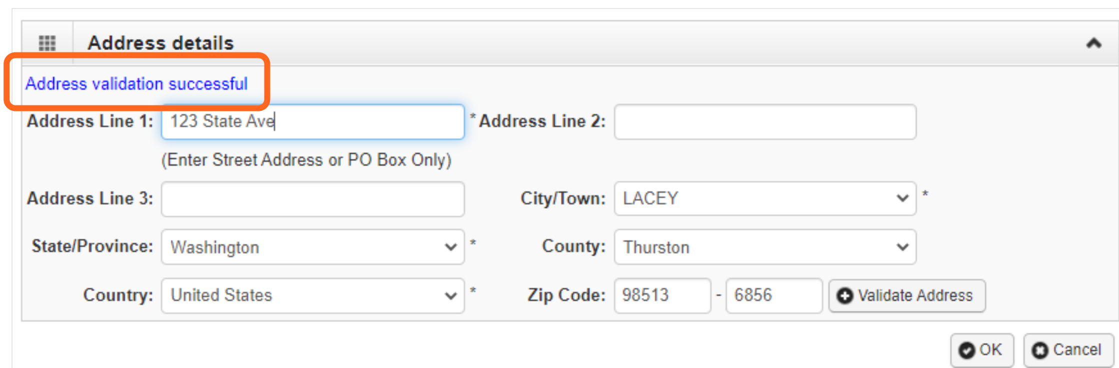
To add a Location, Mailing, and Pay-To Address:

- Click **Add Address**.

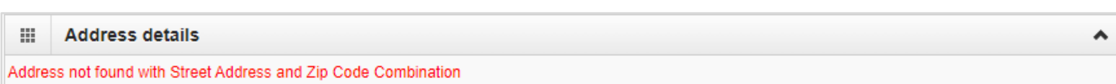
- Complete **Address Line 1** and **Zip Code** fields.
- Click Validate **Address**.



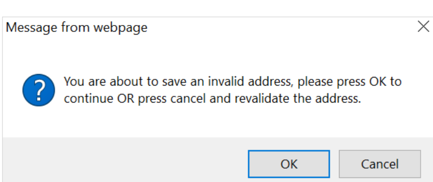
- If the address entered is valid, the following message will appear at the top of the page.



- If the address entered is not located, the following message will appear at the top of the page.



- Either:
  - Correct the address and click **Validate Address** again.
  - Or, click **OK** to continue. The following pop-up window will be displayed.



  - Click **OK** to save or **Cancel** to revalidate the address using the steps above.

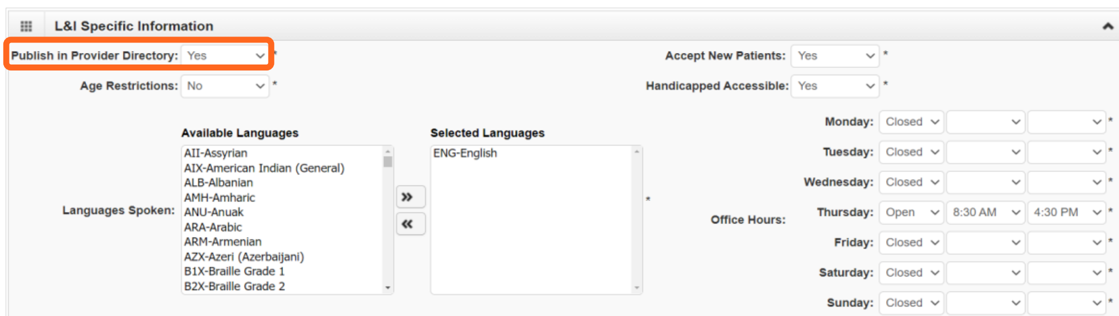
- Click **OK** and **Close** to return.

Note: Make sure you can receive mail at the location address. If your address isn't valid, it may delay payment and correspondence.

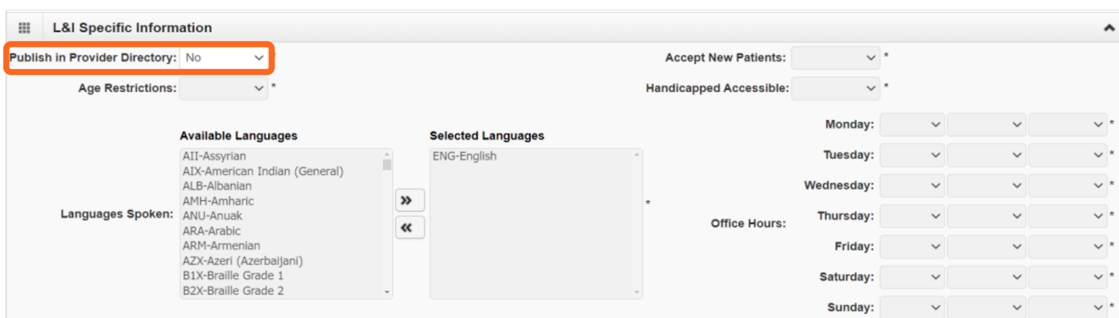
L&I SPECIFIC INFORMATION

This section allows you to choose if this location appears in the **Find a Doctor** directory on **www.Lni.wa.gov**.

- Select **Yes** to have this location appear in the "Find a Doctor" directory on L&I's website. The fields in this section are required.
  - Make the remaining selections:



- Selecting **No** disables the remaining fields in this section.

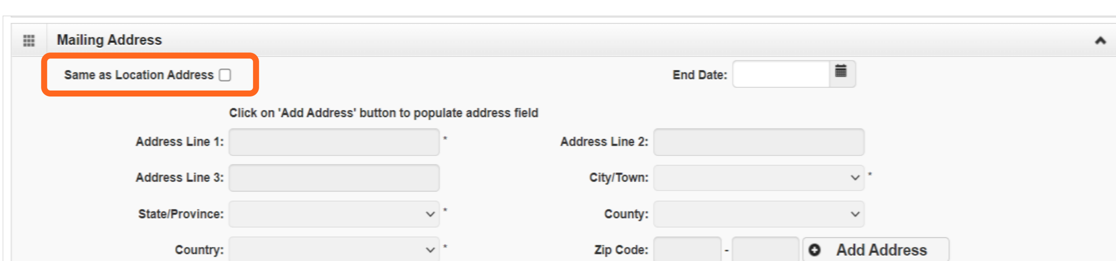


- Click **Save** when done.

ADD MAILING ADDRESS INFORMATION

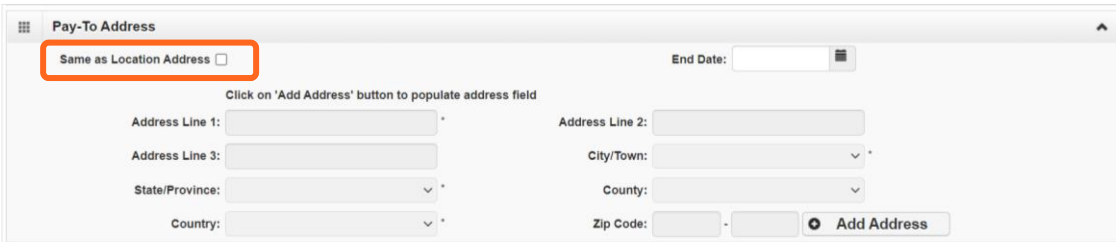
You can indicate the same address as the physical location or enter a new address.

- Click **Same as Location Address** to copy the physical location address.
- Or, follow the instructions on the previous pages to **Add Address**.



ADD PAY-TO ADDRESS INFORMATION

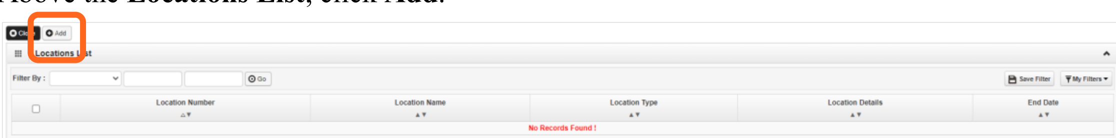
- Follow the mailing address instructions.



ADD SERVICING LOCATIONS

If you are providing services at more than one location, you can add them here. To add a Servicing Location, you must provide a Location and Mailing Address.

- Above the **Locations List**, click **Add**.



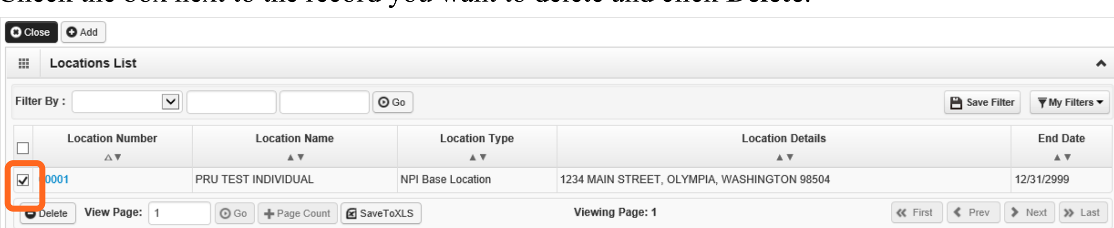
- Repeat steps from **Add Address Information** section, then click **OK** to save or **Cancel** to close without saving.

DELETE A LOCATION

If you add an incorrect location when completing your application you can use the delete button to remove them.

Note: You can only delete a location during enrollment.

- Check the box next to the record you want to delete and click **Delete**.



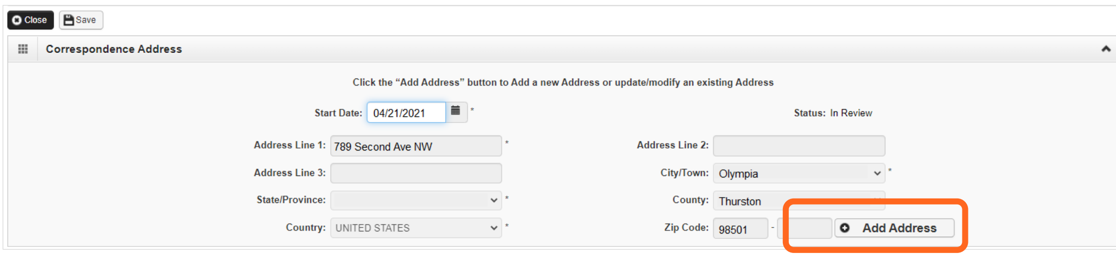
Note: When a location is deleted, all step details associated with that location, including Address, Specialties, and Licenses/Certifications will be deleted. Once your application has been approved, please refer to the Individual Modification Guide for changes.

Step 3: Provider additional information

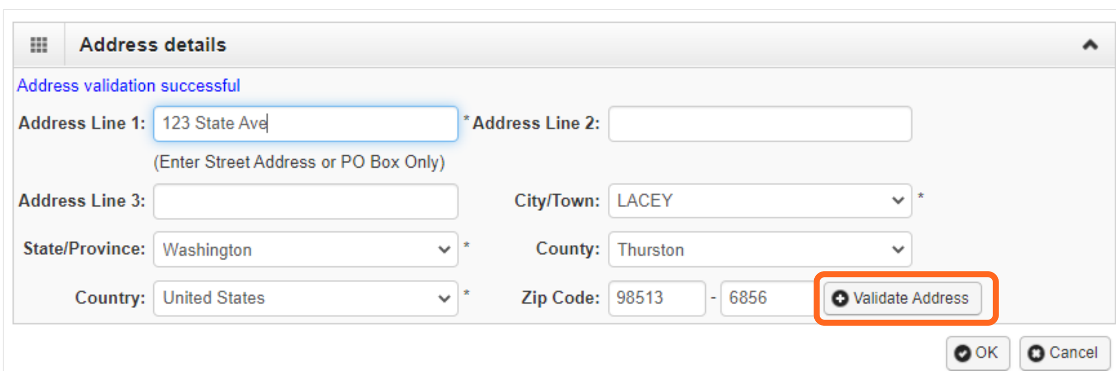
CORRESPONDENCE ADDRESS

This step is not applicable to L&I enrollment, you can add a correspondence address, however it won't reflect on your L&I account. The Mailing Address in Step 2 will auto-populate. You can enter a new address following these steps:

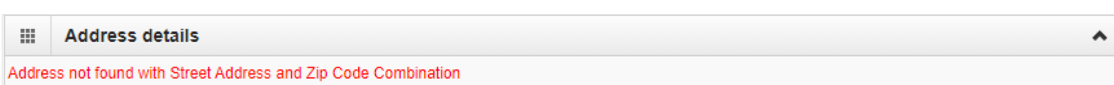
- Click **Add Address**.



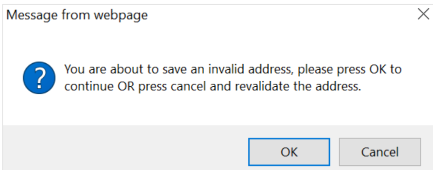
- Complete **Address Line 1** and **Zip Code**.
- Click **Validate Address**.
- If the address entered is valid, including the City/Town. If valid the following message will appear at the top of the page.



- Click **OK**.
- If the address entered is not located, the following message will appear at the top of the page.



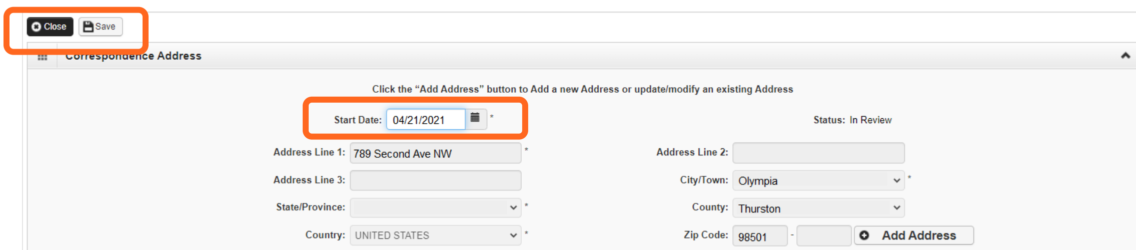
- Either:
  - Correct the address and click **Validate Address** again.
  - Or, click **OK** to continue. The following pop-up will be displayed.



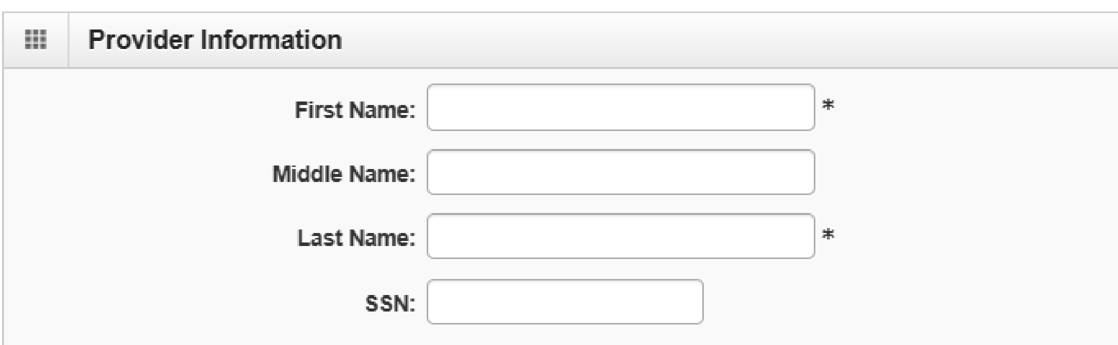
  - Click **OK** to save or **Cancel** to revalidate the address using the steps above.

Note: Make sure you can receive mail at the location address. If your address isn't valid, it may delay payment and correspondence.

- Enter the **Start Date**



- If not already filled in, provide name as it appears on professional license and SSN (**Note**: the SSN field will not display as required, but is a requirement to complete your enrollment).



- Click Save and close to return.

Step 4: Add specializations

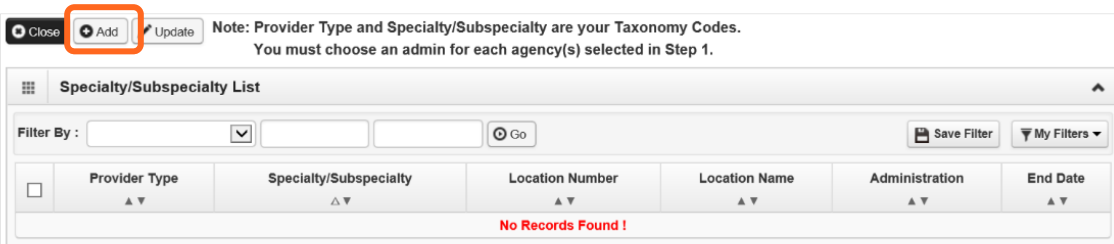
The information you provide in this step will indicate your provider type and specialty

Note: There may be specific requirements for licensure or training for each specialty/taxonomy listed.

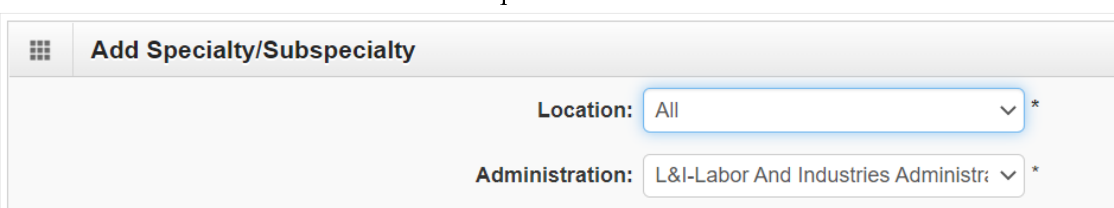
ADDING SPECIALIZATIONS

IMPORTANT NOTE: Only enter your primary specialty. Any additional specialty you add in this step will result in additional billing accounts.

- Click **Add**.

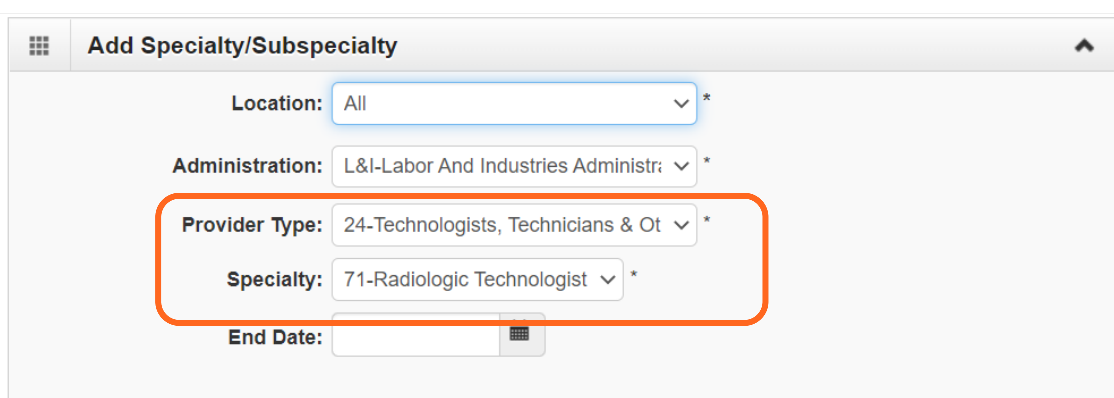


- Select the appropriate location, or **All**, from the **Location** drop-down menu.
- Choose **L&I** from the **Administration** drop-down menu.

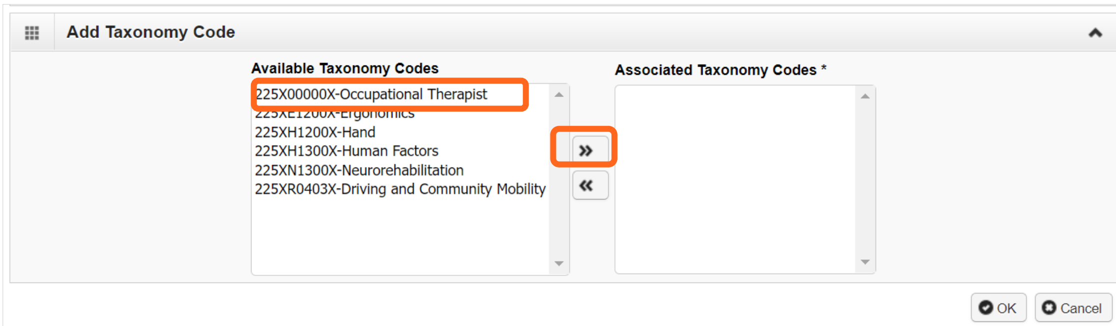


- Choose the **Provider Type** and **Specialty**.

- Don't enter an **End Date**. ProviderOne will auto-populate to 12/31/2999.



- The Provider Type selection will populate the options for Specialty, which displays the available taxonomy codes.
  - Use the double arrows to move taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.

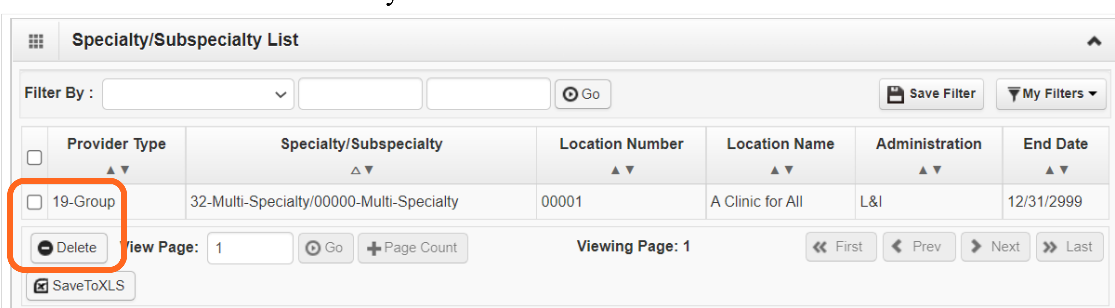


- Click **OK** to save or **Cancel** to close without saving.

DELETING SPECIALIZATIONS

If you add an incorrect specialty or sub-specialty when completing your application you can use the delete button to remove them.

- Check the box next to the record you want to delete and click **Delete**.



- Click **Close** and go to the next step.

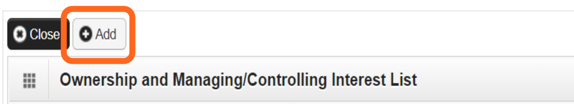
Step 5: Add ownership details

This step is required to create your provider account.

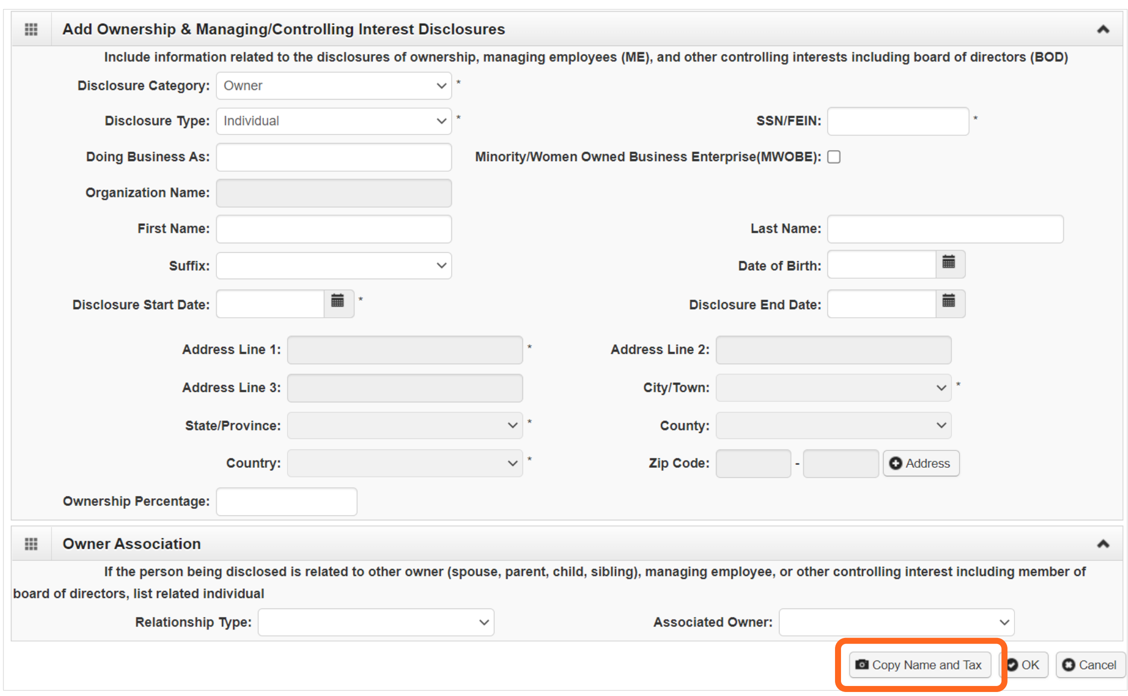
Identifying an individual Owner or Managing Employee is required. An Organizational Owner or Board of Directors may be added, as well. Use one or more of the options below to finish this step.

The requirements to complete this step will vary depending on what Tax Identifier you entered into Step 1 of your application. If you used your Social Security Number you must add yourself as the individual owner. If you used an FEIN you must add either an Individual Owner or Organization owner to satisfy the Ownership step.

- Click **Add**.

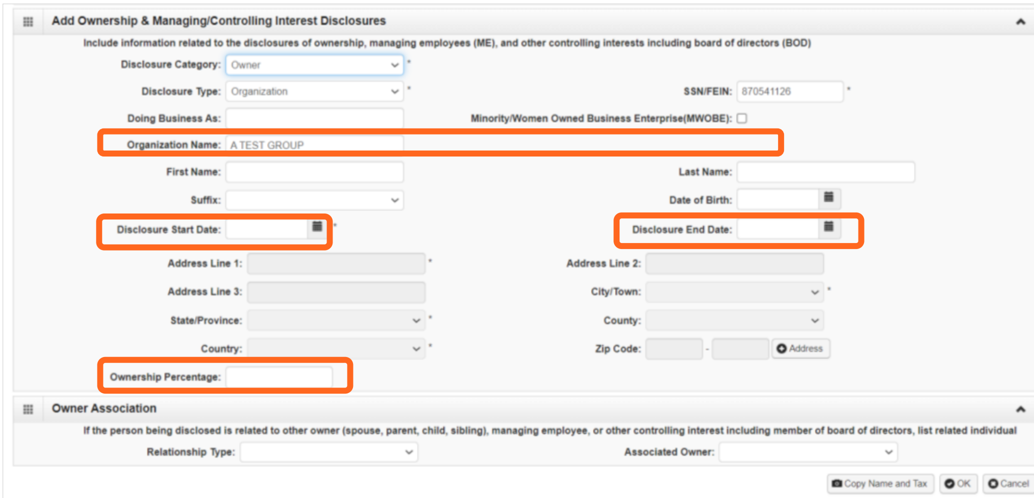


- To auto-populate data, click **Copy Name and Tax** at the bottom on the screen.



  - Finish the remaining required fields.
  - Enter the first day of ownership as the **Disclosure Start Date**. Don't enter the **Disclosure End Date**, the end date will auto-populate to 12/31/2999.

- Enter an **Ownership Percentage**. If adding one sole owner, the percentage would be 100, if adding multiple providers, the percentage must be split evenly between them all.

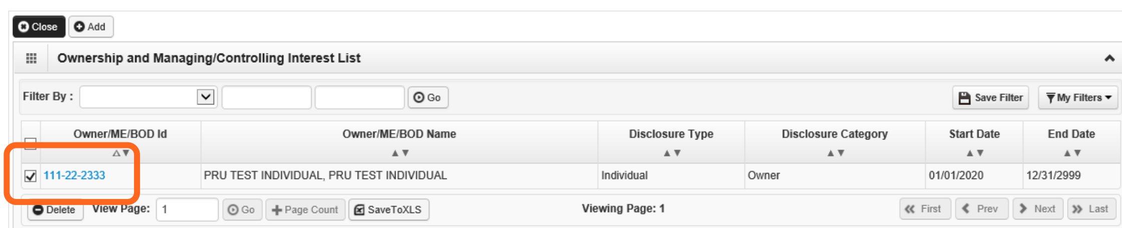


- Click **OK** to save or **Cancel** to close without saving.
- Repeat these steps as needed for additional owners.

DELETE OWNERSHIP INFORMATION

If you make an error when completing this step you can use the delete button to clear the step and start over. Ownership information can only be deleted prior to the application being submitted.

- Check the box next to the record you want to delete and click **Delete**, then click **Save** to close.



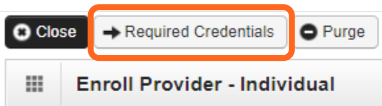
Step 6: Add licenses and certifications

Before starting Step 6, click the **Required Credentials button** from the BPW home page. The **Required Credentials** tool will tell you what type of license/certification and education information you will need to complete steps 6, 7, and 8.

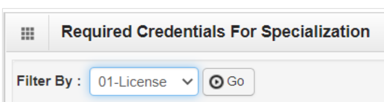
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

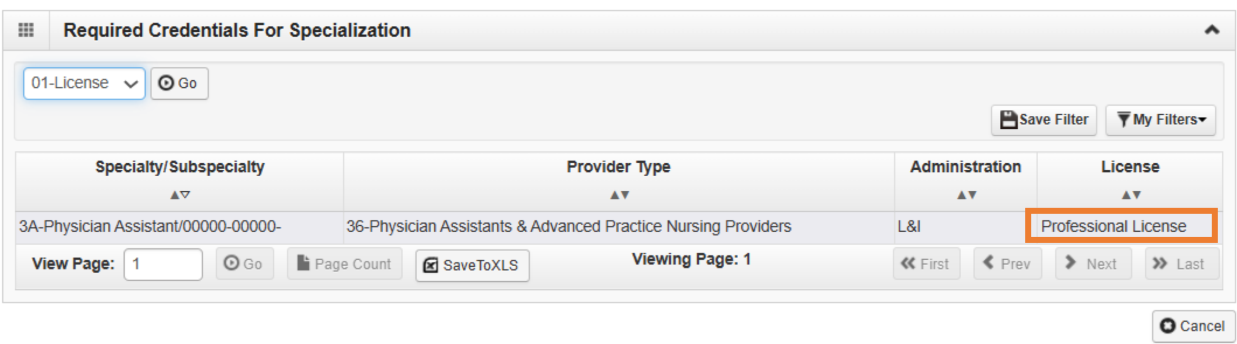
- Click **Required Credentials** from the BPW home page.



- To view the License Requirements, use the **Filter By** drop-down to select **01-License** and click **Go**.



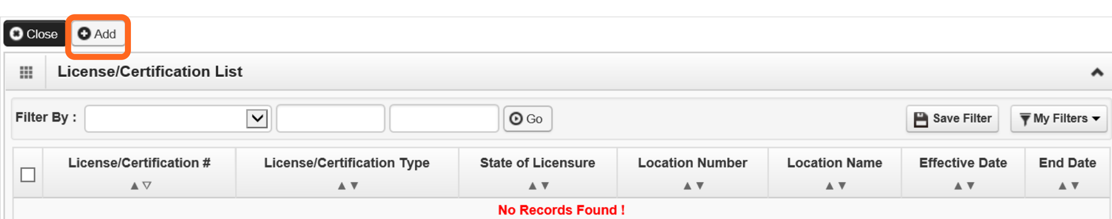
- Required license(s) will be displayed, if required (see highlighted below).



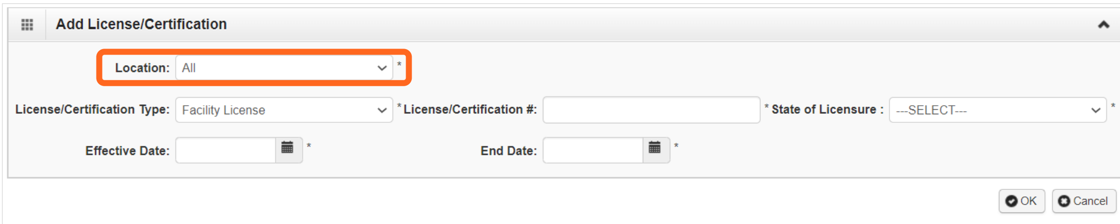
- Make a note of your required license as you'll need it to complete Step 6.
- When finished, click **Cancel** to close.

ADD LICENSES/CERTIFICATIONS

- Licenses/Certifications may be required for each location with an added specialization. If you have a **DEA number**, you can enter it in this step.
- Click **Add**.



- Use the **Location** drop-down to add a license or certification to a specific provider location.
- Select All only if the license pertains to every location.

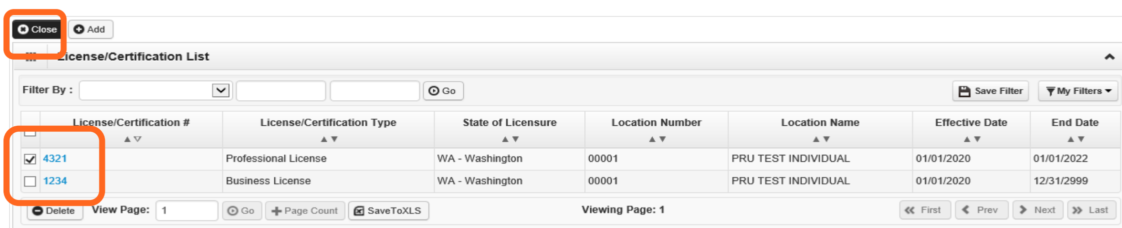


- Add your complete License # and State of Licensure field.
- The **Effective Date** is when the license was first issued.
- In the **End Date** field, enter the expiration date.
- Click **OK** to save or **Cancel** to close without saving.

DELETE LICENSES/CERTIFICATIONS

Licenses and certifications can only be deleted during the enrollment process.

- Check the box next to the record you want to delete and click **Delete**, then click **Close** to exit.



Step 7: Add training and education

This step is required for the below provider types. If you are not one of these provider types, this step is optional.

Note: Physicians (MD, DO, and DPM) are required to enter their Medical School and Residency. All other provider types listed below are only required to provide the Medical School:

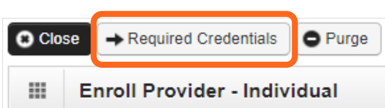
- Physician (MD & DO)
- Advanced Registered Nurse Practitioner
- Chiropractor
- Dentist
- Naturopathic Physician
- Optometrist
- Physician Assistant
- Podiatric Physician
- Psychologist

Follow the instructions below if you are one of the provider types listed above. Before clicking into Step 7, review **Required Credentials** from the BPW home page. L&I needs the school where you received your medical school degree and year you completed your degree.

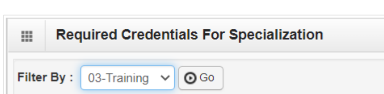
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

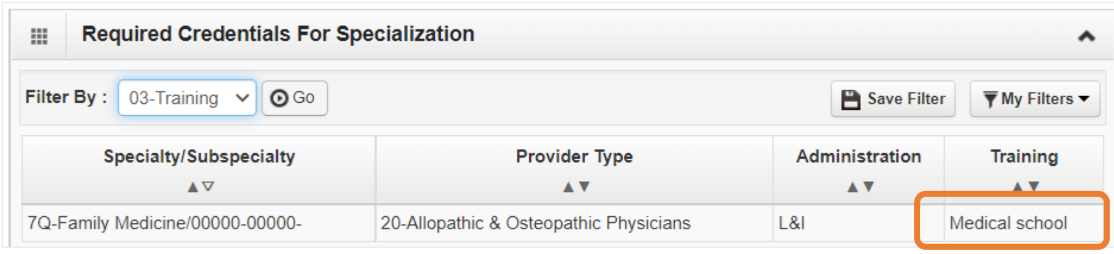
- Click **Required Credentials** from the BPW home page.



- To view the Training requirements, use the **Filter By** drop-down menu to select **03-Training** and click **Go**.



- Required training will be displayed, if required (see highlighted below).

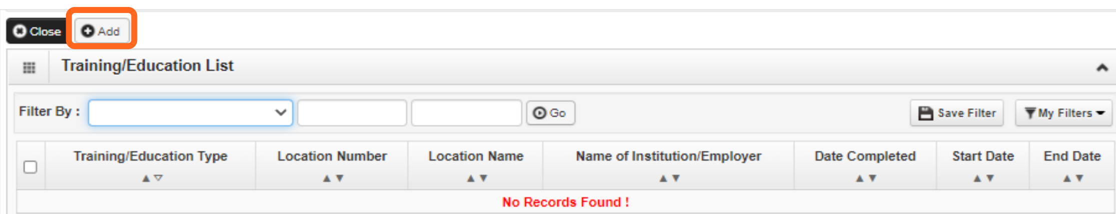


- When finished, click **Cancel** to close.

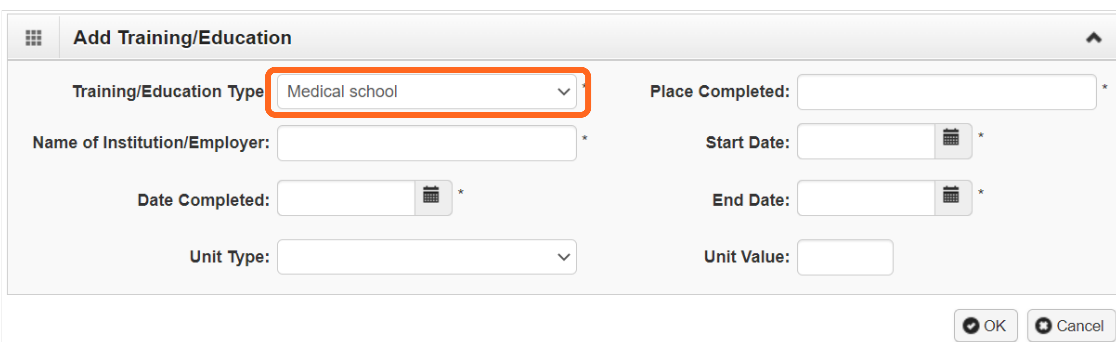
ADD TRAINING/EDUCATION TYPE

Note: Residency and Medical School information is required for these provider types: MD/DO/DPM

- Click **Add**.



- Select the required **Training/Education Type** from the drop-down menu. If you're not sure which applies to you, return to the main BPW page and check **Required Credentials**.
- Finish required fields.



- The **Start Date** is when the training/education started.
- The **Date Completed** is when it was done, e.g. graduation date.

Important! In the **End Date** field, enter 12/31/2999. You must complete this field to continue enrollment.

- You don't need to finish the **Unit Type** or **Unit Value** field.
- Click **OK** and **Close**.

Step 8: Add identifiers

This step is only applicable for the following provider types that are practicing in Washington State:

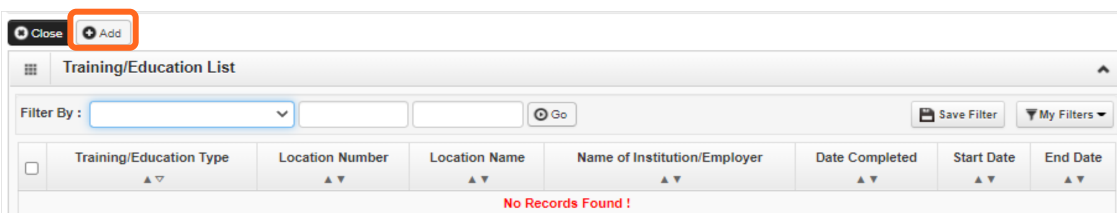
- Physician (MD, DO, and DPM)
- Advanced Registered Nurse Practitioner
- Chiropractor
- Dentist
- Naturopathic Physician
- Optometrist
- Physician Assistant
- Podiatric Physician
- Psychologists

The only identifier that is required is your current malpractice information.

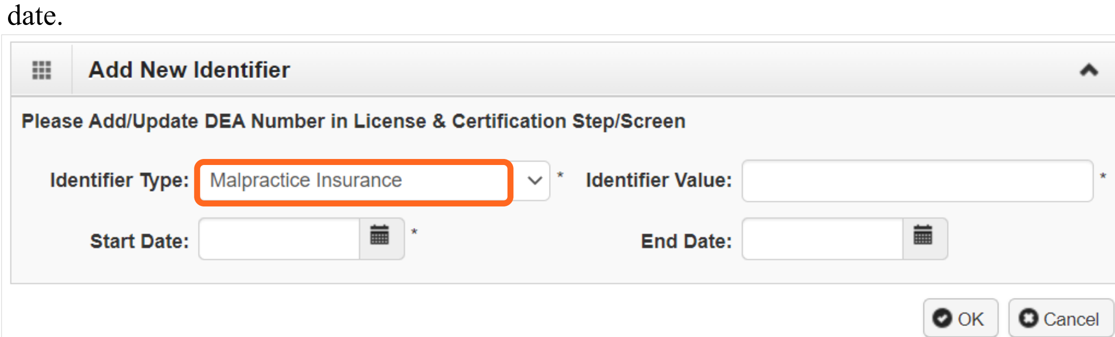
Note: L&I minimum coverage requirements for Malpractice Insurance is: $1,000,000 per Claim/$3,000,0000 Aggregate.

ADD MALPRACTICE INSURANCE

- Click **Add**.



- Use the **Identifier Type** drop-down to select **Malpractice Insurance**, Identifier value, start and end date.



- Click Ok to complete

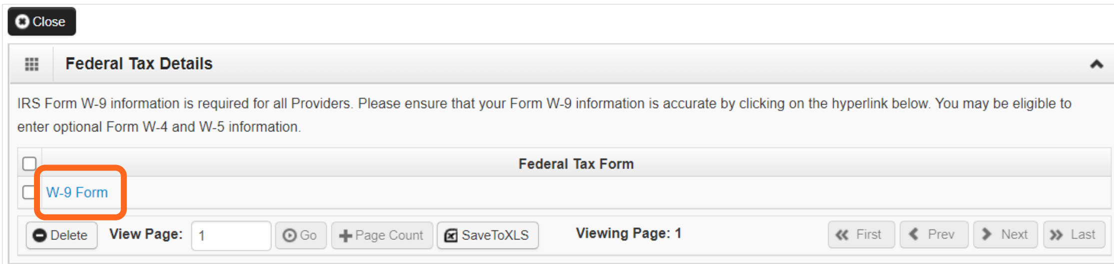
Step 9: Add contract details

This step doesn't apply to L&I. L&I and Health Care Authority providers shouldn't enter contract information in this section.

Step 10: Add federal tax details

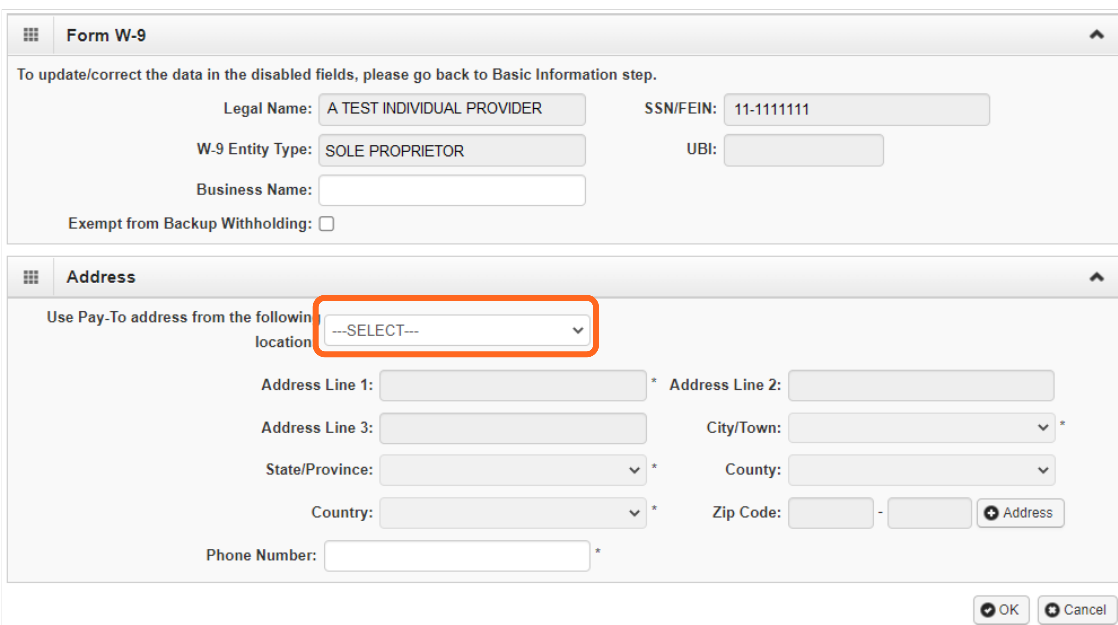
ADD FEDERAL TAX DETAILS

- Click the **W-9** link.



- Complete the form.
    - **Note:** The information on this screen **<u>must match the W-9 form</u>** you'll upload in the last step of the BPW.

- Use the **Address** drop-down menu to select the base location. The Pay-To address will auto-populate the address fields. The Pay-To address should match your Federal Tax data.



- Click **OK** to save or **Cancel** to close without saving.

Steps 11-16: Not applicable to L&I providers

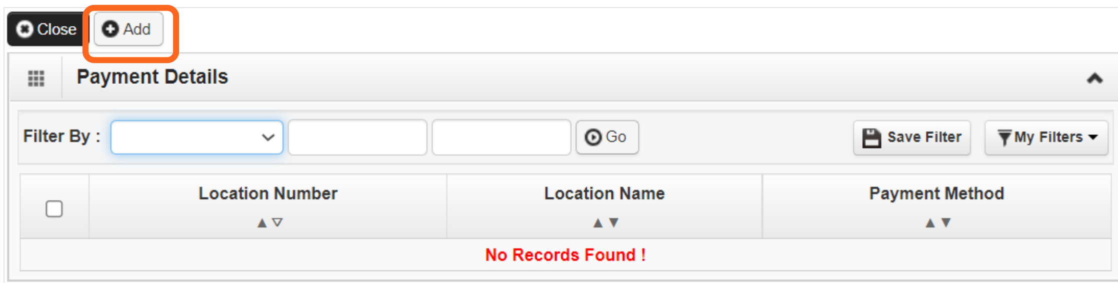
These steps are not applicable for Individual Billing Provider Enrollments.

Step 17: Add payment and remittance details

Payment information applies to all locations.

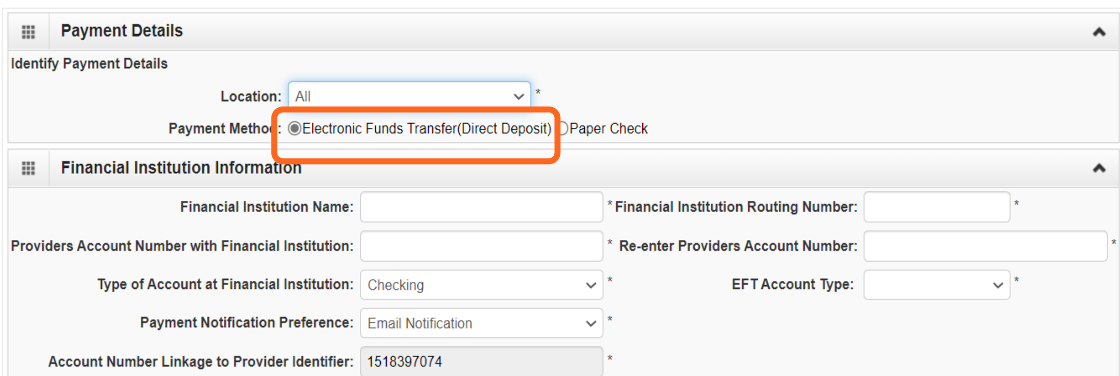
ADDING PAYMENT AND REMITTANCE DETAILS

- Click **Add**.

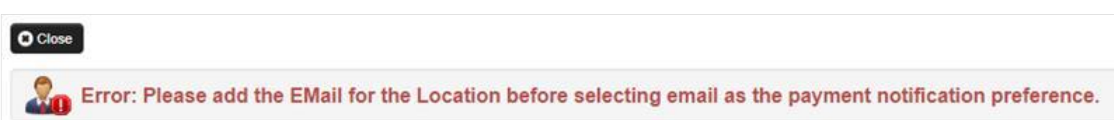


ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

- Click **Electronic Funds Transfer (Direct Deposit).**



- Enter the required information for **Electronic Funds Transfer (direct deposit)**, the fastest payment method. No other forms are required.
- The **Payment Notification Preference** default is **Email Notification**. This requires an email entry in Step 2: Locations.
  - If the error message below appears, you didn't provide an email in Step 2.



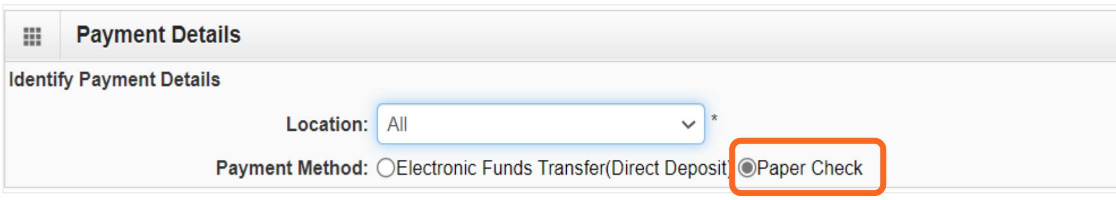
Note: If you don't want to provide an email, change the **Payment Notification Preference** to **Letter Notification**.

  - Click **Close** to close the error message.
  - Click **Cancel** to go back to the BPW and **complete Step 2** to continue with EFT enrollment.

- The bank will verify your data in approximately 7-10 days.
- When verified, there will be a status of Successful. If not verified, there will be a status Failed and payments will continue by paper check.

PAPER CHECK

- Click **Paper Check**. The check (warrant) will be mailed to the **Pay-To** address.



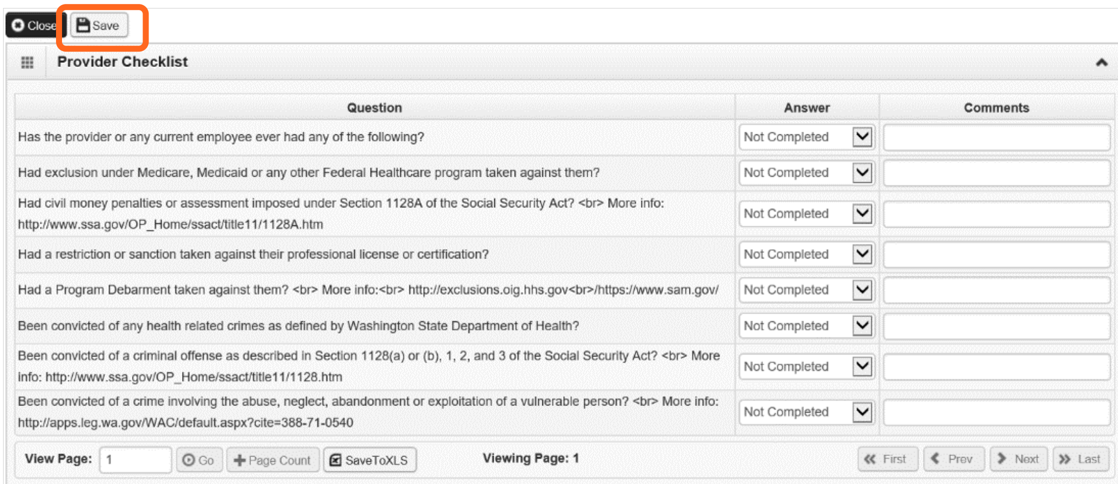
SUBMISSION INFORMATION

- Use the drop-down menu to select **New Enrollment** and enter the name of the person authorized to provide the payment choice.

- Click **OK** to save or **Cancel** to close without saving.

Step 18: Complete enrollment checklist

- **No** or **Yes** is required for each question. Any “Yes” answer must have comments.
- Click **Save**, then **Close**.



Close | Save

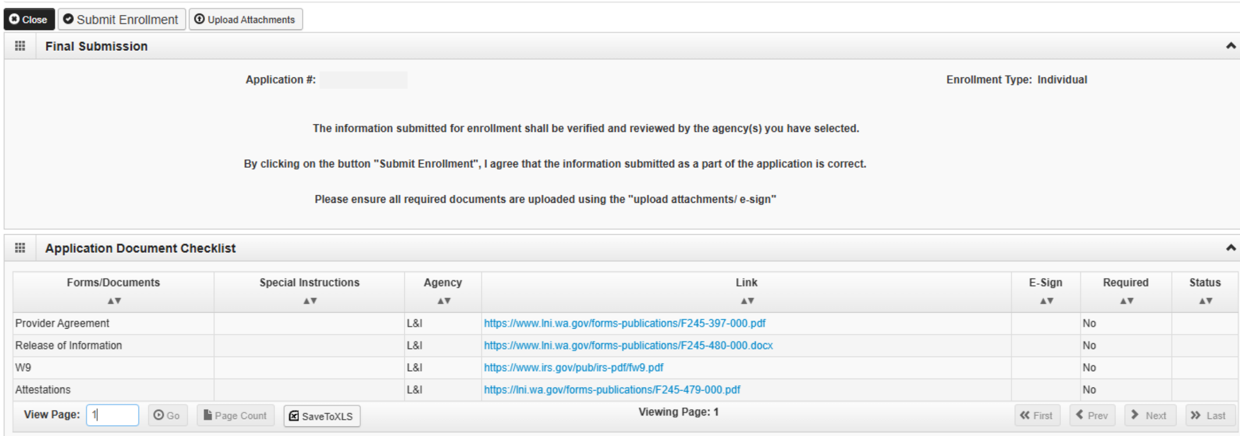
Provider Checklist

Question	Answer	Comments
Has the provider or any current employee ever had any of the following?	Not Completed	
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed	
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm	Not Completed	
Had a restriction or sanction taken against their professional license or certification?	Not Completed	
Had a Program Debarment taken against them? More info: http://exclusions.oig.hhs.gov /https://www.sam.gov/	Not Completed	
Been convicted of any health related crimes as defined by Washington State Department of Health?	Not Completed	
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm	Not Completed	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? More info: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540	Not Completed	

View Page: 1 | Go | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

Step 19: Final enrollment instructions

Note: Use the links in the **Application Document Checklist** to complete and upload all of the L&I forms displayed. L&I can accept both Electronic and Wet (hand-signed) signatures on all documents.

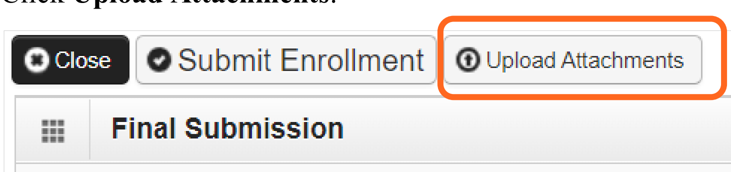
- 

Note: Your W-9 form must match the information provided in Step 10: Add Tax Details.

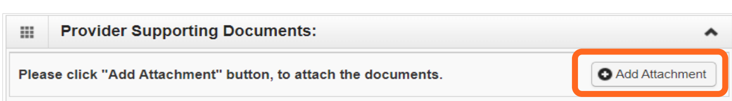
- Make sure to sign and date every form.

UPLOAD INFORMATION

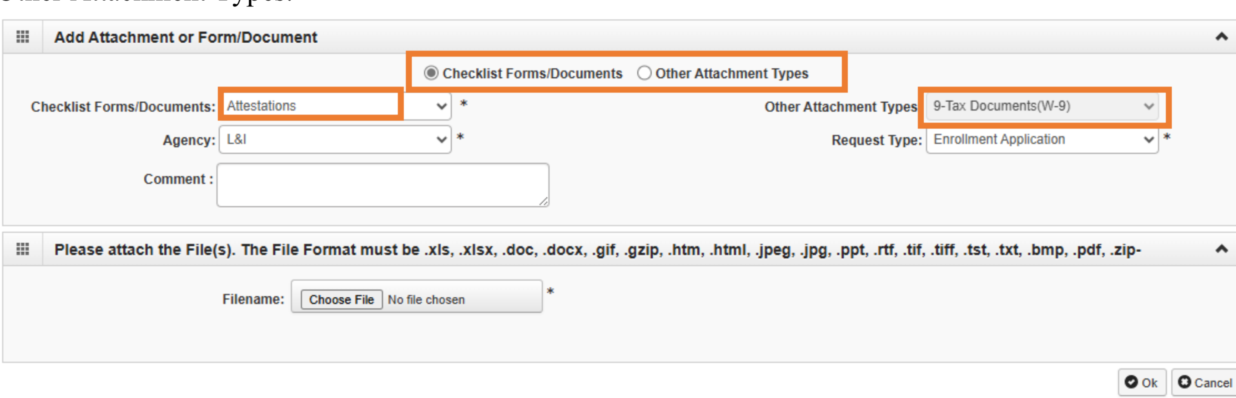
- Click **Upload Attachments**.



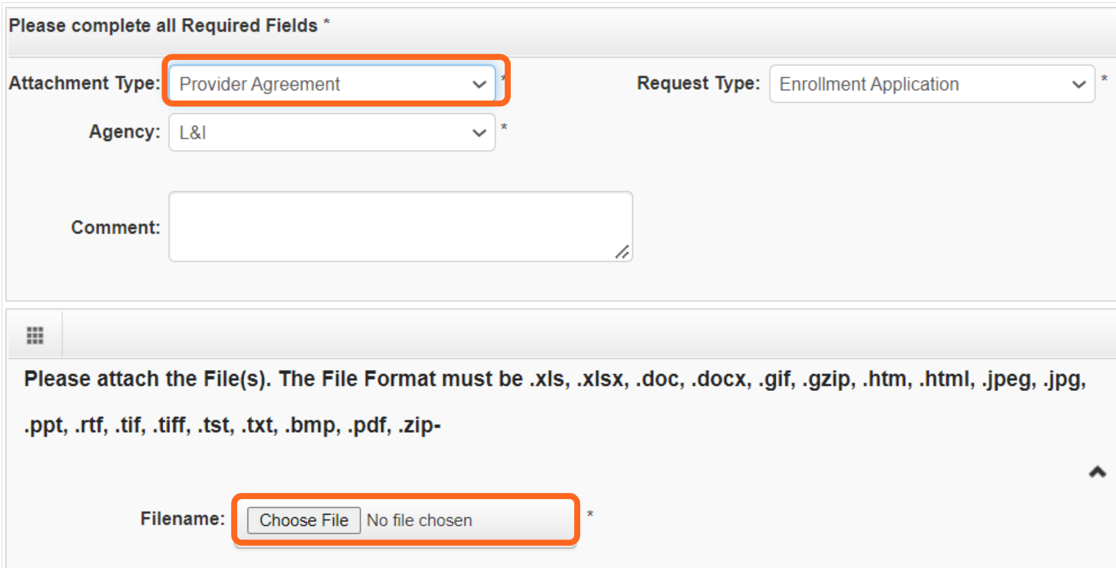
- Click **Add Attachments**.



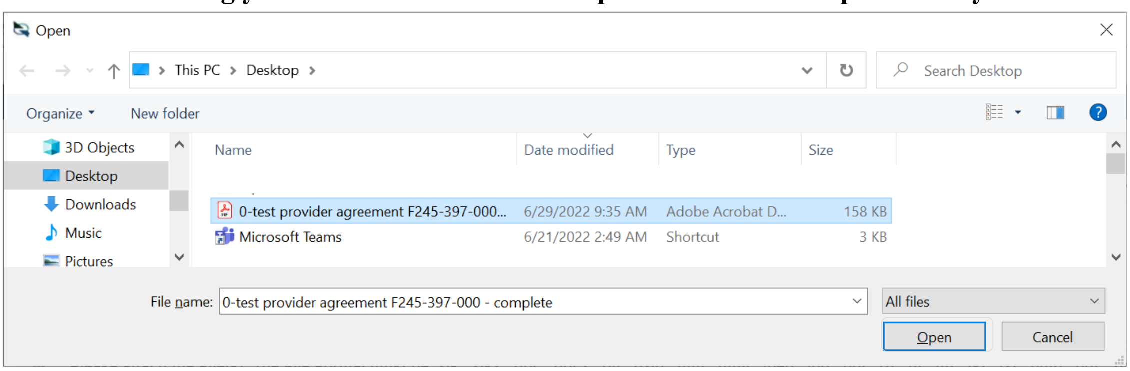
- Locate the **Attachment Type** in the drop down field under the Checklist Forms/Documents, or select Other Attachment Types.



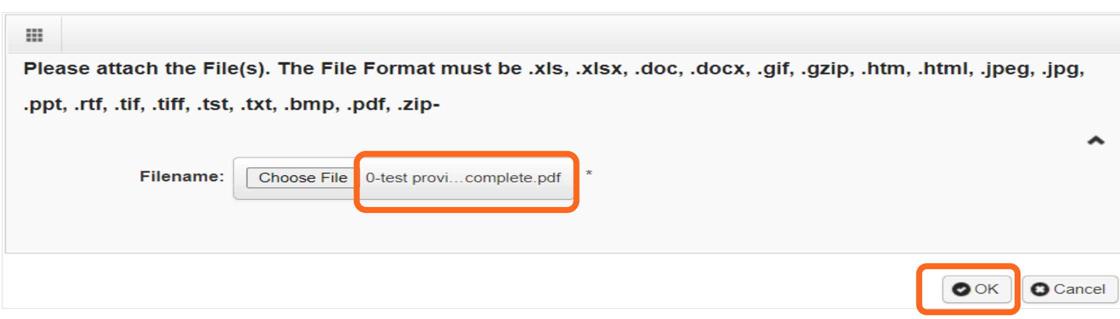
-
- Click **Choose File**.



- Select your saved document and click Open, or the equivalent for your system.
- **Note: When saving your documents do not use special character or periods in your file name.**

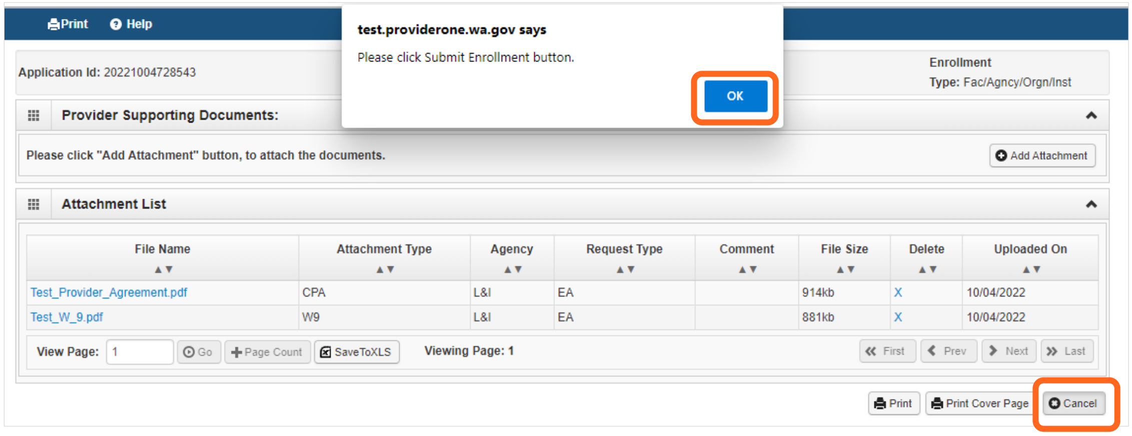


- The name of the file will appear next to the **Choose File** button. Click **OK**.



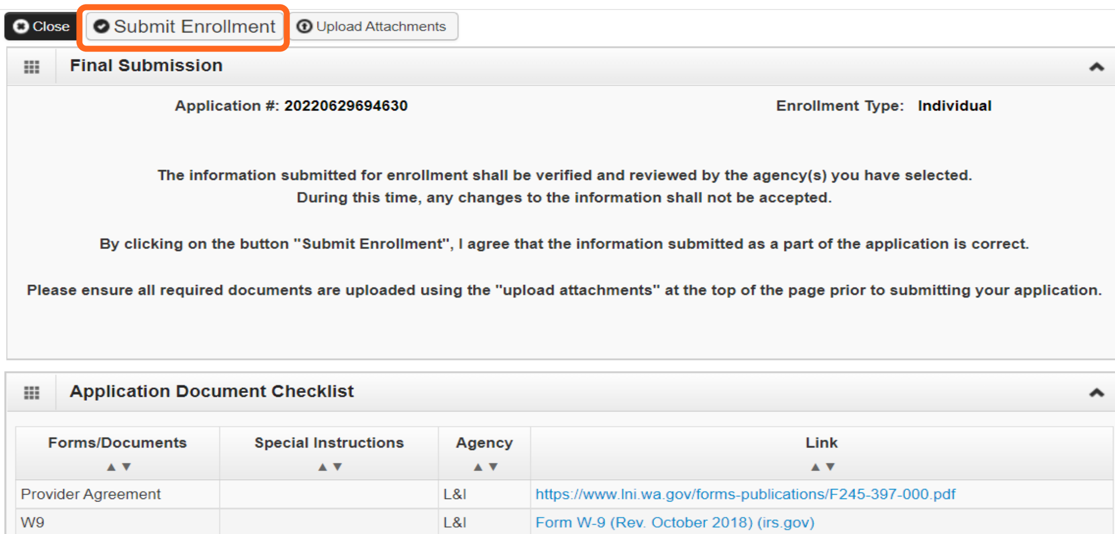
- The document is now uploaded and will display in the **Attachment List**. If the wrong document is selected, click the blue X in the delete column.

- After uploading required attachments, click **Cancel**. A pop-up will appear (see below). Click **OK** to return.



SUBMIT THE ENROLLMENT APPLICATION

- Click **Submit Enrollment**.



- ProviderOne displays a confirmation pop up message. Click **OK** to close the message.
- Make a note of your Application ID.
- Click **Close** on the Final Submission page.

PUBLICATION F248-481-000 [03-2025]